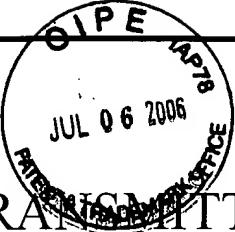


**TRANSMITTAL
FORM**



TRANSMITTAL FORM	Application Serial Number	09/664,226
	Filing Date	September 18, 2000
	First Named Inventor	Li
	Group Art Unit	3624
	Examiner Name	Ella Colbert
	Attorney Docket No.	EMT-001
	Patent No.	Not applicable
	Issue Date	Not applicable

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Copy of Notice to File Missing Parts of Application	<input type="checkbox"/> Notice of Appeal to Board of Patent Appeals and Interferences
<input checked="" type="checkbox"/> Check No. 972589 in the amount of \$760.00 Attached	<input type="checkbox"/> Formal Drawing(s)	<input checked="" type="checkbox"/> Appeal Brief (42 pgs., incl. Ex. A, 24 pgs.)
<input type="checkbox"/> Copy of Fee Transmittal Form	<input type="checkbox"/> Request For Continued Examination (RCE) Transmittal	<input type="checkbox"/> Status Inquiry
<input type="checkbox"/> Amendment/Response (____ pgs.) <input type="checkbox"/> Preliminary <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Letter to Official Draftsperson including Drawings [Total Sheets ____]	<input type="checkbox"/> Power of Attorney (Revocation of Prior Powers)	<input checked="" type="checkbox"/> Return Receipt Postcard
	<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Certificate of First Class Mailing under 37 C.F.R. 1.8
<input checked="" type="checkbox"/> Petition for Extension of Time (1 pg.)	<input type="checkbox"/> Executed Declaration and Power of Attorney for Utility or Design Patent Application	<input type="checkbox"/> Certificate of Facsimile Transmission under 37 C.F.R. 1.8
<input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Form PTO-1449 <input type="checkbox"/> Copies of IDS Citations	<input type="checkbox"/> Small Entity Statement	<input type="checkbox"/> Additional Enclosure(s) (please identify below)
<input type="checkbox"/> Certified Copy of Priority Document(s)	<input type="checkbox"/> CD(s) for large table or computer program	
<input type="checkbox"/> Sequence Listing submission <input type="checkbox"/> Paper Copy/CD <input type="checkbox"/> Computer Readable Copy <input type="checkbox"/> Statement verifying identity of above	<input type="checkbox"/> Amendment After Allowance	
	<input type="checkbox"/> Request for Certificate of Correction <input type="checkbox"/> Certificate of Correction (in duplicate)	

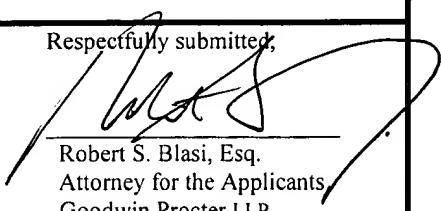
CORRESPONDENCE ADDRESS

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Date: July 6, 2006
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Respectfully submitted,


Robert S. Blasi, Esq.
Attorney for the Applicants
Goodwin Procter LLP
Exchange Place
Boston, MA 02109

Fee Transmittal FY 2006 <i>COPIE</i> <i>JUL 06 2006</i>	<i>Complete if Known</i>	
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METHOD OF PAYMENT		FEES CALCULATION (continued)																																																																																													
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